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The sudden development of a drug eruption frequently causes the greatest anxiety, because it so closely simulates the eruptive fevers, that we are unable definitely to determine the exact cause for its existence. The various drugs which we are constantly prescribing are so seldom attended by any peculiar or unexpected action that we do not give this question of drug eruptions the attention which its importance demands. Morrow, in his interesting and instructive work on "Drug Eruptions," says: "The general proposition that the physician should be familiar with the effects of every drug that he employs in the treatment of disease is axiomatic. He should not only be acquainted with the drug's normal typical mode of action, but also with its abnormal or incidental effects, the more especially, since, in the case of drugs as in the phenomena of every day life, it is often the unexpected that happens."

Idiosyncrasy is most frequently the only cause to which we can attribute the peculiar effect produced by certain drugs. The usual causes such as age, sex, social conditions, habits, etc., which we find exerting a modifying or controlling influence in the production of skin diseases, appear to have no special influence in causing the development of drug eruptions. These peculiar effects are more common during the warm weather, when the cutaneous functions are most active. The drinking of hot fluids which increases in glandular secretions, will, in a measure, explain the appearance of the eruptions by increasing the effect of certain drugs, by stimulating the cutaneous vascular system. Those suffering with nervous forms of nervous irritability of central and spinal origin, those who have suffered with constitutional diseases, and diathetic predispositions exert a marked influence in determining drug eruptions. The classification suggested by Behrend has been generally accepted. He divides the drug eruptions

into two classes. I. Pustular, embracing the iodine and bromine eruptions; II, The various eruptions occasioned by other medicines.

The class of pustular eruptions appears to be dependent upon a thorough saturation of the system with the drug: Increasing as the quantity is increased and diminishing as the dose is reduced. The drugs are eliminated by this means, since bromine and iodine have been detected in the secretion of the pustule. Persons with dark oily skins are frequent sufferers by these eruptions.

The second class are usually acute, sometimes occurring with a chill, high temperature and gastric disturbance; in other cases these symptoms are wanting. The eruption appears as soon as the general system is affected by the medicine in the general circulation, and at other times not until a large quantity has been absorbed. This brings us to the consideration of some cases I have recently examined.

Case I. A strong, well-developed man 30 years of age, merchant, had been closely confined in his counting room, on account of the absence of his cashier. He was overworked and consulted his family physician for the purpose of obtaining a tonic to stimulate him. He was directed to take one teaspoonful of tr. cinchona compound before meals. The first dose, a teaspoonful, which was administered before dinner, was attended in a few moments with symptoms of vertigo. This soon subsided and he went to the dining-room; but his family observing how red his face and hands appeared, questioned him as to the cause, and he was unable to attribute it to anything except the medicine, not knowing at the time that he had been taking a preparation containing quinine, as he has a decided idiosyncrasy for the drug. This erythema was accompanied in a few moments with nausea. He was assisted to the library and was shortly suffering with all the symptoms of a complete cinchonism. He complained of constriction of the forehead, tinnitus aurium and vertigo. He was unable to stand. The pulse was rapid, the respirations quickened and the entire surface in a glow. This erythema lasted for forty-eight hours, gradually fading

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away and was followed during the next six weeks by a complete desquamation from his head to his feet, including the palms of his hands and the soles of his feet. The same symptoms were produced upon a former occasion, by taking a two-grain quinine pill, but in that instance there was no desquamation.

Case II. A lady 65 years of age suffering with an attack of influenza was given a hypodermic injection of $\frac{1}{4}$ gr. of morphine. This was shortly attended with a general erythema of the face, neck and hands, and accompanied with intense itching which lasted for several hours. This patient has never been able to use any opiates on account of this idiosyncrasy.

Case III. A fifty-two-year-old patient suffering with acute intestinal trouble for which a hypodermic of $\frac{1}{4}$ grain morphine was administered, was annoyed in a short time, by an erythematous eruption of the right side of her nose and face and with most intolerable itching, which lasted for more than an hour. The next day it was necessary to employ the same remedy, and there was the same eruption, and itching accompanying it. This patient has upon former occasions been annoyed in precisely the same manner, and has always avoided the preparations of opium.

Case IV. A dose of one drop of tr. aconit. rad. every two hours, was prescribed for a child six years of age who was suffering with coryza and a marked febrile condition. The following morning vesicles were found over the body, extremities and face, attended with excessive itching. The surface was moist, the sweating having been quite profuse. The fever had entirely subsided and the other symptoms greatly ameliorated. The same preparation was employed a few weeks later for a similar attack, and the eruption again appeared. In both instances the eruption subsided as soon as the medicine was discontinued.

Case V. Male, forty years of age, painter by trade, had been suffering with an eczematous eruption upon his hands and arms for three months. Fowler's solution had been administered during this entire period. Various local applications had been made. Upon examination I found upon his hands, arms, chest, neck and face an erythematous eruption with papules and vesicles distributed over this surface. The lids of his eyes were œdematous, conjunctivitis existed, red inflamed tongue, gastric disturbance, anorexia, considerable thirst, diarrhœa, and constipation alternating. The arsenic which had produced this erythema was discontinued. The patient was placed upon a bland diet appropriate to the case, and soothing applications made to the eruption. All of the symptoms rapidly subsided.

Cases VI and VII were similar; they suffered with an erythematous eruption from the effect

produced by the internal administration of soda salicylate. Both women, over seventy years of age suffering with chronic rheumatism. Large doses of the drug were employed and a general erythema developed in each case. This eruption subsided when the drug was withdrawn.

Case VIII. A boy eleven years of age presented all the physiological effects of the drug from the internal administration of two drops of tr. belladonna three times a day for incontinence. The mother of this child, likewise a younger brother, all present an idiosyncrasy for this drug; being influenced by the smallest doses. I have observed its action upon different occasions in this case.

Calcium sulphide has, in a number of instances, produced an intense acneiform eruption when it was being administered in $\frac{1}{10}$ gr. doses four times a day, for its alterative effect. Ammonia muriate has also frequently produced an acneiform eruption when it has been necessary to continue its use for several weeks.

The balsams of copaiba and cubebs also cause an eruption in many cases after only a few doses have been given. We are familiar with its appearance, as it is a condition which frequently prevails. The eruptions from the bromides and iodides as so frequent that I merely mention the matter; although I recall a case that had been carefully examined by a number of eminent physicians, and the case diagnosed variola. His commitment had been made out for the poor hospital; but it was learned indirectly that the patient had been taking large doses of potassium iodide for a rheumatic condition, and the existing eruption was entirely attributable to the effect of the drug. He was placed in the receiving ward for a few days to be more closely observed, and the former treatment withdrawn. He began to improve, and in a few weeks had entirely recovered.

It was not my intention in presenting these notes this evening of what I have observed this past year in the form of drug eruptions to review the entire subject. I simply desired to call your attention to a point of the greatest importance in the consideration of the ætiology of skin diseases, and that is, that on account of the susceptibility of the patient, the too prolonged continuance of the remedy, and our neglect carefully to study each case, the treatment which is being employed for the relief of the disease occasionally intensifies the evil, and develops a new complication for us to meet.



